Year 2006 Medicare Prescription Drug Plans Available in Arkansas
In some areas, plans may be offered under a different name. If you are looking for a plan that isn't listed, visit www.medicare.gov or call 1-800-MEDICARE for more information.

#### Arkansas

Company Information	Plan Name	Monthly Premium*	Amount You Pay for Each Prescription **	Yearly Deductible for Drug Coverage	If I Qualify for Extra Help, will My Full Premium be Covered?
Sterling Prescription Drug Plan (S4802) Approved by Medicare Rating not available	Sterling Prescription Drug Plan (011) (888)858-8572	\$53.59	\$10 - \$22 Copay and/or 25% - 48% Coinsurance	\$100	No
Prescription Pathway (S5581) Approved by Medicare Rating not available	Prescription Pathway Gold Plan Reg 19 (034) (800)845-2551	\$51.42	\$4 - \$29 Copay and/or 25% Coinsurance	\$0	No
	Prescription Pathway Platinum Plan Reg 19 (058) (800)845-2551	\$67.98	\$4 - \$42 Copay and/or 25% Coinsurance	\$0	No
	Prescription Pathway Silver Plan Reg 19 (130) (800)845-2551	\$40.15	\$4 - \$29 Copay and/or 25% Coinsurance	\$250	No

Look on the web at www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) for more detailed information, including costs and benefits, about these health plans. TTY users should call 1-877-486-2048.

<sup>\*</sup> This is the amount you must pay each month to belong to the plan. You must continue to pay the monthly Part B premium (\$88.50 in 2006). Some companies may offer extra benefits for an additional cost. This information is available on www.medicare.gov or through 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

<sup>\*\*</sup> The drug information listed could be for generic drugs, brand drugs, or a combination of generic and brand drugs. Some plans offer extra drug benefits for an extra cost. Some plans also cover only certain drugs or pay up to a set dollar limit. Call the plan to get all the details of prescription drug coverage.

Prescription Pathway Gold Plan Reg 19	\$51.35		Coverage	Premium be Covered?
(051) (800)765-8900	\$01.55	\$5 - \$28 Copay and/or 25% Coinsurance	\$0	No
Prescription Pathway Bronze Plan Reg 19 (084) (800)765-8900	\$30.71	\$2 - \$5 Copay and/or 5% - 25% Coinsurance	\$250	Yes
Prescription Pathway Silver Plan Reg19 (183) (800)765-8900	\$40.07	\$5 - \$28 Copay and/or 25% Coinsurance	\$250	No
SilverScript (038) (866)552-6106	\$27.57	\$0 - \$9 Copay and/or 25% Coinsurance	\$250	Yes
SilverScript Plus (039) (866)235-4582	\$55,26	\$7 - \$60 Copay and/or 25% Coinsurance	\$100	No
Plan 00319 (093) (800)735-1459	\$33.85	\$0 - \$40 Copay and/or 0% - 40% Coinsurance	\$250	Yes
Plan 00519 (095) (800)735-1459	\$39.12	\$0 - \$50 Copay and/or 0% - 40% Coinsurance	\$0	No
Plan 00619 (189) (800)735-1459	\$46.39	\$0 - \$50 Copay and/or 0% - 40% Coinsurance	\$0	No
Medco Prescription Savings Plan (019)	\$30.78	\$4 - \$17 Copay and/or 25% - 75% Coinsurance	\$250	Yes
AdvantraRx Premier (100) (800)882-3822	\$33.30	\$5 - \$58 Copay	\$0	Yes
	Bronze Plan Reg 19 (084) (800)765-8900  Prescription Pathway Silver Plan Reg19 (183) (800)765-8900  SilverScript (038) (866)552-6106  SilverScript Plus (039) (866)235-4582  Plan 00319 (093) (800)735-1459 Plan 00519 (095) (800)735-1459 Plan 00619 (189) (800)735-1459  Medco Prescription Savings Plan (019)  AdvantraRx Premier (100)	Bronze Plan Reg 19 (084) (800)765-8900  Prescription Pathway Silver Plan Reg19 (183) (800)765-8900  SilverScript (038) (866)552-6106  SilverScript Plus (039) (866)235-4582  Plan 00319 (800)735-1459 Plan 00519 (095) (800)735-1459 Plan 00619 (189) (800)735-1459  Medco Prescription Savings Plan (019)  AdvantraRx Premier (100)  \$40.07 \$\$ \$40.07 \$\$ \$40.07 \$\$ \$27.57  \$40.07 \$\$ \$27.57  \$40.07 \$\$ \$33.85  \$40.07 \$\$ \$\$ \$40.07 \$\$ \$40	Bronze Plan Reg 19 (084) (800)765-8900   Silver Plan Reg19 (183) (800)765-8900   SilverScript (038) (866)552-6106   SilverScript Plus (039) (866)235-4582   Plan 00319 (800)735-1459   Plan 00519 (189) (800)735-1459   Plan 00619 (189) (800)735-1459   Plan 00619 (189) (800)735-1459   Medco Prescription Savings Plan (019)   AdvantraRx Premier (100)   SilverScript \$33.30	Bronze Plan Reg 19 (084) (800)765-8900   Silver Plan Reg19 (183) (800)765-8900   Silver Plan Reg19 (183) (800)765-8900   SilverScript (038) (866)552-6106   SilverScript Plus (039) (866)235-4582   Plan 00319 (800)735-1459   Plan 00519 (095) (800)735-1459   Plan 00619 (189) (800)735-1459   Plan 00619 (180) (800) (800) (800) (800

Company Information	Plan Name	Monthly Premium*	Amount You Pay for Each Prescription **	Yearly Deductible for Drug Coverage	If I Qualify for Extra Help, will My Full Premium be Covered?
AdvantraRx (continued)	AdvantraRx Premier Plus (102) (800)882-3822	\$44	\$0 - \$66 Copay	\$0	No
	AdvantraRx Value (099) (800)882-3822	\$20.58	\$12 - \$42 Copay	\$0	Yes
United American Insurance Company (S5755) Approved by Medicare Rating not available	UA Medicare Part D Prescription Drug Cov (022) (866)524-4169	\$34.83	\$9 - \$60 Copay and/or 33% Coinsurance	\$0	Yes
Medi-PakRX (S5795) Approved by Medicare Rating not available	Arkansas Blue Cross Blue Shield Enh Alt #1 (002) (800)392-2583	\$51.34	\$5 - \$28 Copay and/or 25% Coinsurance	\$0	No
	Arkansas Blue Cross Blue Shield Std Def (003) (800)392-2583	\$30.71	\$2 - \$5 Copay and/or 5% - 25% Coinsurance	\$250	Yes
	Arkansas Blue Cross Blue Shield ActEquStd (006) (800)392-2583	\$37.95	\$5 - \$28 Copay and/or 25% Coinsurance	\$250	No
Community Care Rx (S5803) Approved by Medicare Rating not available	CCRX BASIC (088) (866)684-5353	\$30.23	25% - 45% Coinsurance	\$250	Yes

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Community Care Rx (continued)	CCRX CHOICE (156) (866)684-5353	\$38.30	\$4 - \$40 Copay	\$250	No
	CCRX GOLD (122) (866)684-5353	\$42.24	\$4 - \$50 Copay	\$100	No
Aetna Life Insurance Company (S5810) Approved by Medicare	Aetna Medicare Rx Essentials (053) (800)213-4599	\$35.47	\$5 - \$25 Copay	\$250	No
Rating not available	Aetna Medicare Rx Plus (155) (800)213-4599	\$46.56	\$7 - \$35 Copay	\$0	No
	Aetna Medicare RX Premier (189) (800)213-4599	\$62.52	\$2 - \$40 Copay	\$0	No
United HealthCare Insurance Company (S5820) Approved by Medicare	AARP MedicareRx Plan (018) (888)867-5564	\$27.21	\$5 - \$55 Copay and/or 25% Coinsurance	\$0	Yes
Rating not available	United Medicare MedAdvance (122) (888)566-6657	\$31.34	\$10 - \$52 Copay and/or 25% Coinsurance	\$0	Yes
Humana Inc. (S5884) Approved by Medicare Rating not available	Humana PDP Enhanced S5884-017 (017) (800)281-6918	\$17.21	\$0 - \$60 Copay and/or 25% Coinsurance	\$0	Yes

Plan Name	Monthly Premium*	Amount You Pay for Each Prescription **	Yearly Deductible for Drug Coverage	If I Qualify for Extra Help, will My Full Premium be Covered?
Humana PDP Complete S5884-047 (047) (800)281-6918	\$58.97	\$0 - \$60 Copay and/or 25% Coinsurance	\$0	No
Humana PDP Standard S5884-077 (077) (800)281-6918	\$10.31	\$2 - \$5 Copay and/or 5% - 25% Coinsurance	\$250	Yes
PacifiCare Comprehensive Plan (313) (800)943-0399	\$54.51	\$7.50 - \$49.80 Copay and/or 33% Coinsurance	\$0	No
PacifiCare Saver Plan (312) (800)943-0399	\$34.68	\$7.50 - \$49.10 Copay and/or 33% Coinsurance	\$0	Yes
PacifiCare Select Plan (311) (800)943-0399	\$49.02	\$7.50 - \$59.15 Copay and/or 33% Coinsurance	\$0	No
Medicare RX Rewards (019) (866)892-5335	\$26.85	\$5 - \$25 Copay and/or 25% Coinsurance	\$250	Yes
Medicare RX Rewards Plus (055) (866)892-5335	\$34.69	\$10 - \$30 Copay and/or 25% Coinsurance	\$0	Yes
Medicare RX Rewards Premier (089) (866)892-5335	\$46.28	\$10 - \$60 Copay and/or 30% Coinsurance	\$0	No
	S5884-047 (047) (800)281-6918  Humana PDP Standard S5884-077 (077) (800)281-6918  PacifiCare Comprehensive Plan (313) (800)943-0399  PacifiCare Saver Plan (312) (800)943-0399  PacifiCare Select Plan (311) (800)943-0399  Medicare RX Rewards (019) (866)892-5335  Medicare RX Rewards Plus (055) (866)892-5335  Medicare RX Rewards Premier (089)	Humana PDP Complete	Humana PDP Complete   \$58.97   \$0 - \$60 Copay and/or   25% Coinsurance	Humana PDP Complete   \$58.97   \$0 - \$60 Copay and/or   \$0

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WellCare (S5967) Approved by Medicare	WellCare Signature (053) (888)423-5252	\$28.38	\$0 - \$66 Copay and/or 33% Coinsurance	\$0	Yes
Rating not available	WellCare Complete (087) (888)423-5252	\$46,96	\$0 - \$50 Copay and/or 30% Coinsurance	\$0	No
	WellCare Premier (122) (888)423-5252	\$50.74	\$0 - \$60 Copay and/or 30% Coinsurance	\$0	No